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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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P.O. Box 1450  
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

36R02 7590 04/08/2005

PACSETTER, INC.  
15900 VALLEY VIEW COURT  
SYLMAR, CA 91392-9221

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Estella Pineiro (Depositor's name)  
*Estella Pineiro* (Signature)  
5/5/05 (Date)

05/06/2005 MGBREM2 00000024 160068 10000052

01 FC:1501 1400.00 DA  
02 FC:8001 6.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/000.052	11/01/2001	Kerry Bradley	A01P1055US01	9628

TITLE OF INVENTION: USE OF ER SIGNAL VARIABILITY FOR FUSION DETECTION AND RESPONSE IN VENTRICULAR AND ATRIAL AUTOCAPTURE ALGORITHMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULLEN, KRISTEN DROESCH	3762	607-028000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **PACSETTER, INC.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**15900 Valley View Court  
Sylmar, CA 91392-9221**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0068 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Derrick W. Reed*

Date

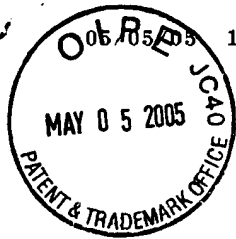
5/5/05

Typed or printed name

**Derrick W. Reed**Registration No. 40,138

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**TELECOPIER COVER SHEET**

May 5, 2005

<b>To: Commissioner for Patents</b>	<b>From: Estella Pineiro</b> <b>Patent Administrator</b> <b>818/493-2251</b>
<b>Attention: Mail Stop ISSUE FEE</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 703/746-4000</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Payment of ISSUE FEE</b> Applic. No. 10/000,052 Filed: 11/01/2001 Docket No. A01P1055US01	Number of pages being sent: <u>2</u> (including cover page)

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